

**OCCUPATIONAL LEAD POISONING PREVENTION FEE RETURN
FOR CATEGORY "A" OR "B" REPORTING**

| | |
|-------------------------|------------------|
| DUE ON OR BEFORE | |
| [FOID] | YOUR ACCOUNT NO. |

| BOARD USE ONLY | | |
|----------------|------|-----|
| RA-B/A | AUD | REG |
| RR-QS | FILE | REF |
| EFF | | |
| | | |

**READ INSTRUCTIONS
BEFORE PREPARING**

If you are registered to make your payment by electronic funds transfer (EFT), you must still file your return timely. You can mail your return in the envelope provided or fax it to 916-327-0859. To register to make payments via EFT, please contact us at 916-322-9534.

All employers in industries with evidence of a potential for lead poisoning are required to file the Occupational Lead Poisoning Prevention Fee Return. This return is being sent to you because you have been identified by the Department of Health Services (DHS) as being in one of these industries.

Please read the instructions on the reverse side before you begin, then read Sections I and II below and complete the section that is applicable to you. Mail the return, along with any payment due, to the address above. **The fee category (A or B) which is applicable to your business is shown above with your SIC code.**

SECTION I

Complete this section if you are requesting a fee waiver.

- ☐ 1a. I will request a fee waiver because lead or lead containing materials were not present or were present in a de minimus (minimal) amount at any California site of my business operation during the calendar year. I understand that if I do not request a waiver within 180 days following the due date of this return and/or if a waiver is not granted, the fee plus applicable interest will be due.
- ☐ 1b. Check here if you have applied for a fee waiver before and only need a new application.

If you checked either box above, do the following:

2. Enter the total number of your employees at all California locations (*see Definitions on the back of the form*).

Sign and date this return and send it to the address above. Maintain a copy for your records. **The filing of this return is required, but it does not constitute a fee waiver request.**

A fee waiver application and instructions will be sent to you by the DHS after this return is received by the Board of Equalization. Indicate any corrections to your address above.

SECTION II

Complete this section if you are NOT requesting a fee waiver.

| A NUMBER OF EMPLOYEES DURING CALENDAR YEAR COVERED BY THIS RETURN | B AMOUNT OF FEE | C AMOUNT OF FEE DUE |
|--|--------------------|------------------------|
| Category A: (Complete only if you are in Category A) | | |
| 1. Less than 10 employees (<i>if less than 10 employees, check box at right</i>) | 1. | |
| 2. 10 to 99 employees | 2. | \$ |
| 3. 100 to 499 employees | 3. | |
| 4. 500 or more employees | 4. | |
| Category B: (Complete only if you are in Category B) | | |
| 5. Less than 10 employees (<i>if less than 10 employees, check box at right</i>) | 5. | |
| 6. 10 to 99 employees | 6. | \$ |
| 7. 100 to 499 employees | 7. | |
| 8. 500 or more employees | 8. | |
| 9. Enter the total fee due (amount from line 1, 2, 3 or 4 for Category A or line 5, 6, 7 or 8 for Category B) | 9. | \$ |
| 10. Penalty [<i>multiply line 9 by 10% (.10) if payment is made after the due date shown above</i>] | PENALTY 10. | \$ |
| 11. INTEREST: One month's interest is due on tax for each month or fraction of a month that payment is delayed after the due date. The adjusted monthly interest rate is | INTEREST 11. | \$ |
| 12. TOTAL AMOUNT DUE AND PAYABLE (<i>add lines 9, 10 and 11</i>) | 12. | \$ |

I hereby certify that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

| | | |
|--------------------------|--------------------------|------|
| YOUR SIGNATURE AND TITLE | DAYTIME TELEPHONE NUMBER | DATE |
|--------------------------|--------------------------|------|

MAKE CHECK OR MONEY ORDER PAYABLE TO STATE BOARD OF EQUALIZATION.
Always write your account number on your check or money order. Make a copy of this document for your records.

OCCUPATIONAL LEAD POISONING PREVENTION FEE RETURN INSTRUCTIONS

GENERAL INFORMATION

Section 105190 of the California Health and Safety Code requires all employers with 10 or more employees in an industry where there is evidence of a potential for occupational lead poisoning to pay the Occupational Lead Poisoning Fee. Those employers who do not have lead or lead-containing materials present in any amount or who only have a de minimus (minimal) amount in their business operations may request a fee waiver which, if granted, will relieve them of paying a fee for the calendar year. Employers with 10 or more employees not requesting a waiver are subject to the fee. These fees are used to fund the Occupational Lead Poisoning Prevention Program in the Department of Health Services (DHS).

Each year DHS provides the Board of Equalization (BOE) with a list of industries which DHS has determined have the potential for occupational lead poisoning. The industries are designated by the Standard Industrial Classification (SIC) codes. DHS also provides the BOE with a list of employers whose business operations fall within the listed industries.

DEFINITIONS (According to section 38001 of Title 17 of the California Code of Regulations)

Employee means any individual employed for at least **160 hours** in the prior calendar year (during the reporting period shown on the front of this return), regardless of whether the individual's specific job involved potential exposure to lead or lead-containing materials.

Standard Industrial Classification (SIC) Code means a system of four-digit numerical codes to designate the activities of a business operation, set forth by the U.S. Office of Management and Budget in the Standard Industrial Classification Manual, 1987.

Lead was not present at the place of employment means that no amount of lead or lead-containing material was present at the place of employment or in the materials and processes used in the operation of the employer's business, with the following exceptions:

- (1) Lead that was not altered or disturbed during the operation of the employer's business and was present in a form, or contained in such a manner, that it could not be inhaled or ingested (examples are undisturbed building materials, unused materials and supplies, intact lead storage batteries); or
- (2) Lead present as a result of general environmental contamination which was not the result of the operation of the employer's business.

De minimus amount means any of the following:

- (1) Lead present in materials which are altered or disturbed and have a lead concentration less than 0.5% (5,000 ppm) by weight;
- (2) Lead present in materials where the total weight of such materials altered or disturbed during the calendar year is known to be 16 ounces (one pound) or less by weight; or
- (3) Lead present in materials where no such material is altered or disturbed at any individual employee's place of employment on more than one day during the calendar year (i.e., if no employee works on more than one day during the calendar year in any location where lead-containing materials are being altered or disturbed, then the amount is de minimus).

PAYMENT BY ELECTRONIC FUNDS TRANSFER

If you are registered to pay by EFT, please remember that

- A payment is considered to be timely if it is both initiated on or before the tax due date and the funds transfer into the Board of Equalization's bank account on the banking day following the date the payment is initiated.
- Making your payment by EFT does not relieve you of the requirement to file your return by the due date. **Note:** The reporting due *dates and filing requirements have not changed*.

If you would like to file your return by fax, our fax number is 916-327-0859. If you are not registered to pay by EFT and would like to be, please contact us at 916-322-9534.

HOW TO FILE

Review the following information to determine which section on the front of the return you are required to complete.

"SECTION I" on this return is provided for employers to inform the BOE that no fee is required at this time because a fee waiver will be requested. Only employers who do not have lead or lead-containing materials present or who only have a de minimus (minimal) amount present at any California site qualify to claim a waiver. If you will be requesting a waiver you should complete Section I and follow the instructions it contains. **A fee waiver application and instructions will automatically be sent to you if you check the box in Section I.** Employers that wish to request a fee waiver must send their completed application to the DHS within 180 days of the due date of this return. For specific questions regarding fee waivers contact the DHS Occupational Lead Poisoning Prevention Program by calling 510-622-4332. The address is: Department of Health Services, OLPPP, 1515 Clay St., Suite 1901, Oakland, CA 94612. Persons completing this section may file the return without payment. However, if a waiver request and documentation are not submitted as required or a waiver is not granted, the fee is due. The BOE will bill you for any fee due plus interest at the statutory rate. **EMPLOYERS COMPLETING THIS SECTION NEED NOT COMPLETE SECTION II.**

"SECTION II" on the return is provided for employers to report and pay fees due. Employers who have a business operation described by a SIC code listed in Title 17 CCR section 38005 and who have not completed "SECTION I" are required to complete this section and pay any fee due. This section shows the rates for both Category A and Category B reporting. The appropriate category for your business is shown on the front of the return with your SIC code. If you have any questions about how to complete this section, contact the State Board of Equalization at 916-323-9555.

PREPARATION OF RETURN

Read Sections I and II on the front of the return and complete the section that is applicable to you. Complete the bottom line of the return and mail to the Board of Equalization. Mailed fee returns and payments must be postmarked on or before the due date shown on the return. If the due date falls on a Saturday, Sunday or legal holiday, returns postmarked by the next business day are considered timely. Retain a copy of the return for your records. Please refer to your account number at the top of your return in all correspondence.

**IF YOU WISH ADDITIONAL INFORMATION, PLEASE CONTACT THE STATE BOARD OF EQUALIZATION,
EXCISE TAXES AND FEES DIVISION, ENVIRONMENTAL FEES SECTION,
PO BOX 942879, SACRAMENTO, CA 94279-0057, TELEPHONE 916-323-9555.**